

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. S2M04101
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: FBF 9625H Yr Regn: 10/2/12
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda GLH125 c.c. 125
 Colour: Red A/C: Insured / Std / NI / NA
 Sp. Reading: 29194 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: LALJA1147C3009583
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 70/80-17
 R: 80/90-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 19/5/22 D.O.I. 30/5/22
 Survey held at Unique Motorsports
 Des. of Damages: ☒ Fr / ☐ Rear / ☐ O/S / ☒ N/S / ☐ U/C / ☐ Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV- 7K</u>
<u>31/05/22 @ 3.38pm</u>	<u>revised to Winnie Ho via Smart Claims.</u>

Date/Time, File Pass to? ☐ : Prell. Report
☐ : Final Report
 Date/Time, File Return to?
 1) _____
 2) _____
 Report Format: _____
 Lump Sum / L.B.F. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) _____
☐ : Interview (\$) _____
☐ : Tech. Invs (\$) _____
☐ : Weekend (\$) _____

Survey Fee: _____
 Transportation: _____
 \$ + RS. \$ _____
 Photos _____
 Others _____
 TOTAL _____



UNIQUE MOTORSPORTS PTE LTD

48 Toh Guan Road East #02-140 Enterprise Hub Singapore 608586

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : THIRD PARTY

Vehicle No. : FBF9625H

Make & Model : HONDA GLH125

Year of Manufacture : _____

Chassis No. : _____

Engine No. : _____

Policy No. : _____

Time of Accident : _____

Ins Company : NTUC

Excess : _____

Date of Accident : _____

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair Estimates

Parts (a) Cost / List Price Items \$-

Plus/Less \$-

Total of Cost / List \$-

(b) Nett Price Items \$1,954.00

Less _____

Total of Nett Item _____

(c) Special Nett Items \$-

Total Parts Cost (Appendix A) \$-

Labour (Appendix B) \$330.00

Total Repair Cost \$330.00

Case Owner : _____

Signature : _____

Contact No _____

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary work(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

The above total will be subjected to 7% G.S.T.

Name of Surveyor : _____

Company : _____

Survey conducted on : _____ at _____

Remarks By Surveyor

- (a) The repair of this vehicle is authorized / is not authorized until further notice.
- (b) Recommended Days of Repair : _____ day(s)
- (c) Resurvey : Required / Not Required
- (d) Excess : \$ _____
- (e) Signature of surveyor : _____ Date: _____

Unique Motorsports Pte Ltd
48 Toh Guan Road East #02-140 Enterprise Hub Singapore 608586

Spare Parts

Vehicle No : FBF9625H Case Owner : _____

Make & Model : HONDA GLH125 Year Manufacture : _____

Chassis No : _____ Engine No : _____

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : 0

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	IU UNIT / BR	1			\$200.00		
2	STEERING CONE BEARING SET / R/R	1			\$95.00		
3	FRONT FORK ASSY SET / BT (phd)	1			\$380.00		
4	FRONT RIM / BT	1			\$180.00		
5	FRONT DISC X	1			\$95.00		
6	FRONT DISC SCREW SET X	1			\$30.00		
7	FRONT WHEEL SHAFT / BT	1			\$48.00		
8	FRONT WHEEL BEARING / R/R	2			\$40.00		
9	FRONT METER GEAR UNIT ?	1			\$55.00		
10	FRONT BRAKEPAD X	1			\$35.00		
11	CLUTCH LEVER / CVT	1			\$28.00		
12	HANDLE BAR / BT	1			\$48.00		
13	HANDLE BAR WEIGHT / BT	1			\$20.00		
14	CRASHBAR SET / BT	1			\$125.00		
15	MIRROR SET / CVT	1			\$60.00		
16	PILLION L/H FOOTREST SET / CVT	1	(R/R)		\$80.00		
17	RIDER L/H FOOTREST SET / CVT	1	(M)		\$80.00		
18	REAR TOP BOX / CVT	1			\$180.00		
19	BATTERY 3x ?	1			\$120.00		
20	GEAR PEDAL / BT	1			\$55.00		
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	19/05/2022 14:48 (SGT)
Date of Accident	10/05/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(TUAS) AT CLEMENTI AVENUE 6 ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF9625H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNIQUE MOTORSPORTS PTE. LTD
Company Reg No	200907910H
Email Address	UNIQUE.DAPHNE@GMAIL.COM
Mobile Phone No	(Phone) +65-96300043
Alternative Phone No	+65-96300043

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Glh125
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThrdParty
Fleet Policy	Yes
Policy Number	5110358789-02
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD AZHAR BIN JAAFAR
NRIC No	S1754140D

Date of Birth	04/04/1966
Location	Outdoor
Date of Driving Pass	23/01/1985
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96300043
Alt. Phone Number	-
Email Address	ABJ4466@GMAIL.COM
Address	BLK 13 HOLLAND DRIVE #10-66
Address complement	-
Postcode	271013
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE514C
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Driver	SIM
Vehicle Number	(Phone) +65-91918823
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

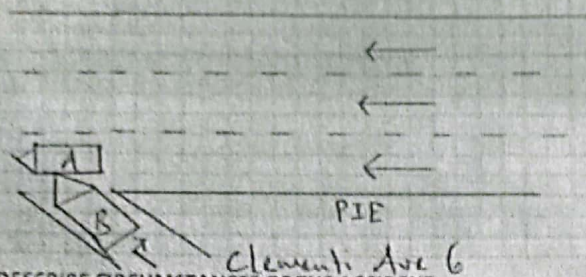
INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AZHAR BIN JAAFAR
Gender	Male
Phone No	(Phone) +65-96300043
Address	BLK 13 HOLLAND DRIVE #10-66
Address Complement	-
Post Code	271013
Approximate Age Years Old	-
Injuries Sustained	ABRASION - LEFT ARM, LEFT AND RIGHT ELBOW, LEFT KNEE, LEFT TOES, RIGHT FINGERS FRACTURE - LEFT INDEX TOE TENDON - RIGHT RING FINGER FBF9625H
Injured person in which vehicle?	No
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

A - FBF9625H
B - SKES14C

Turn



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report:
D/2022 0512/7041

WATSONSPORTS PTE. LTD.
DECLARATION

VE Reg. No. 20090791011

Tel: Guao Road East, #02-140

Enterprise Hub, Singapore 608336

Fax: 6515 4976 / 6515 4973

Policyholder's Signature

Date & Time

17/05/2022
1415hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time

17/05/2022
1415hrs

Reporting Centre Personnel's Signature

Name

NAIC/FIN No.

Mohd Yus
S079751



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

RAJEEV MOTORSPORTS PTE LTD
GST Reg. No. 200907910H
 46 Toh Guan Road East, #02-140
 Enterprise Hub, Singapore 608586
 Tel: 6515 4978 / 6515 4979

Policyholder's Signature

Date & Time:

19/05/2022
 1415 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/05/2022
 1415 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Mohd Yunus
 S099801



**SINGAPORE
POLICE FORCE**



D/20220512/7041

1 of 2

Report No. D/20220512/7041

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Date/Time Report Made 12/05/2022 20:19	Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD AZHAR BIN JAAFAR	Address APT BLK 13 HOLLAND DRIVE #10-66 SINGAPORE 271013			
ID No. NO / S1754140D	Contact No. Home/Office:	Mobile: 96300043		
Nationality SINGAPORE CITIZEN	Email Address abj4466@gmail.com			
Occupation Despatched Rider	Sex Male	Age 56	Date of Birth 04/04/1966	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 10/05/2022 15:35 - 10/05/2022 15:50	Location Of Incident PIE 29KM			
Brief details.				

I was on motorcycle FBF9625H (belong to Unique Motorsports) riding on Toh Tuck Flyover (PIE 28km) moving toward Toh Guan Exit (PIE 30km). I was riding on the last lane at an average speed of 65km to 70km. I was hit by a car SKE514C.

This incident happen from 3.35pm to 3.50pm. I was hit by this car on the left side of my motorcycle. From my knowledge, this car was exiting from Clementi Ave 6 towards Toh Tuck Flyover. I felt an impact on my left and was flung from 3rd to middle lane. I was conscious all along with the help of other kind

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2022 20:19
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220512/1041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220512/1041

Samantans until the paramedic arrive to give me first aid. The ambulance drove me to Ng Teng Fong General Hospital A&E. Investigation Officer in Charge is Vilton from Traffic Police.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
12/05/2022 20:19

Classification Of Case: